

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

May 24, 1994

ALL-COUNTY LETTER NO. 94-40

TO: COUNTY WELFARE DIRECTORS  
 COUNTY GAIN COORDINATORS  
 COUNTY FISCAL OFFICERS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: CAL-LEARN COUNTY PLAN 1994/95

This letter is to transmit the State Fiscal Year (SFY) 1994/95 Cal-Learn County Plan Format, which is an addendum to the county's Greater Avenues for Independence (GAIN) Plan. Counties are required to submit and have approved a county plan prior to implementing Cal-Learn. Plan approval will generate a Cal-Learn Program county allocation.

All counties will be required to submit a Cal-Learn County Plan no later than November 1, 1994 (Manual of Policies and Procedures (MPP) Section 42-767.3). The Cal-Learn Plan consists of the Plan Format, the Inventory of Services Matrix, the Program Budget Proposal and, for counties not contracting with Adolescent Family Life Program (AFLP) providers for case management services as defined by the AFLP standards and scope of services published March 1, 1993, the Department of Health Services County Plan Review information.

Allocations for counties' Cal-Learn Programs cannot be finalized until the state budget has been passed by the Legislature and signed by the Governor. Counties are to use the dollar amounts indicated in the Program Budget Proposal to determine the amount requested for their 1994/95 Cal-Learn Program.

**BACKGROUND**

The Cal-Learn Program was established by the passage of Senate Bills 35 and 1078 (Chapters 69 and 1252, Statutes of 1993). The statute requires that each county submit, as part of the GAIN county plan, specific information relative to Cal-Learn services provision (Welfare and Institutions Code Section 11333.5). A county cannot implement the Cal-Learn Program until the plan addendum has been approved by the California Department of Health Services (CDHS) and the California Department of Social Services (CDSS). If a county is not contracting with an Adolescent Family Life Program provider for case management services, as defined by the AFLP standards and scope of services, the county is required to submit an additional section addressing case management services. This section must be reviewed and approved by CDHS to determine that AFLP standards are met by the agency providing case management. The county should include in Section III, part D of the County Plan Format, a description of how the county and the local AFLP provider(s) will ensure that Cal-Learn participants do not also receive case management services through the local AFLP contractor(s). CDSS will forward this section of the plan to CDHS for review and approval.



#### PROGRAM IMPLEMENTATION

Cal-Learn Program regulations became effective April 1, 1994. A draft of the emergency regulations was included in All-County Letter No. 94-16. All pregnant teens and custodial teen parents under age 19 and receiving Aid to Families with Dependent Children (AFDC) who do not have a high school diploma or its equivalent will be required to participate in the Cal-Learn Program. All counties are required to implement Cal-Learn by April 1, 1995, and by September 1, 1995, all eligible teens must be noticed of program requirements and become Cal-Learn participants. Counties will continue to operate their GAIN Teen Parent Programs until the county begins a Cal-Learn Program.

#### CHANGES FOR SFY 1994/95

Counties should note that the Cal-Learn County Plan Format has changed from the 1993/94 County Plan included with All County Letter No. 94-24. The Cal-Learn plan has changed in the following areas:

SECTION I. For SFY 94/95 the county will be required to provide an estimate of the total caseload eligible for Cal-Learn along with an estimate of the number of participants who will be exempt or deferred from the program including those that result from lack of supportive services and case management services. A description of how the county intends to provide the needed services in the future should be provided. It is important to provide this information for both county allocation purposes and future budgeting activity.

SECTION II. If sufficient supportive services (child care, transportation and ancillary) exist to serve the projected Cal-Learn caseload, counties can certify this information. Using the Inventory of Services Matrix in Section II, the county will need to list the availability of services county-wide. If the county does not project sufficient supportive services, the county is required in Section II to provide a description of the situation and how the county intends to provide the needed services.

SECTION III. The case management section of the plan was also changed to help clarify what activities are AFLP case management activities, as defined by AFLP standards and scope of services, and what are Cal-Learn activities beyond AFLP standard activities that the case manager, the CWD or another contractor may provide and that do not require review and approval by CDHS.

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#### COUNTY ALLOCATIONS FOR SFY 1994/95

The Cal-Learn Program has been statutorily designed as an entitlement program and all eligible teens must be served unless exempt or deferred. Funding for Cal-Learn will be allocated based on an approved county plan.

There are two changes being proposed for SFY 1994/95. First, the amount for case management is being increased from \$1,614 to \$1,650 per participant. Second, eligibility/administrative costs, including the county mandated activities, are being combined into one activity to simplify the budget request proposal. Funds for these two activities will be allocated separately.

#### SFY 1994/95 PROGRAM BUDGET PROPOSAL

The county is to estimate the caseload to be served in SFY 1994/95. The budget proposal will assist counties in calculating costs, based on caseload, in the areas of case management and administration. (For further detail on case management and administrative activities please see Appendix D of the Cal-Learn County Plan Format.)

##### Cal-Learn Case Management

The maximum rate for case management costs is \$1,650 per participant for one year of service or \$137.50 for each case month. This rate is to reimburse all activities performed by the case manager. The rate is intended to cover case management activities that meet the standards and scope of the AFLP and the specific Cal-Learn case management activities such as the arrangement and management of supportive services (child care, transportation and ancillary), and development and review of the report card schedule for the client.

Note: Case months for exempt cases are not included.

##### Cal-Learn Administration

The rate for administration is the county's eligibility worker salary and overhead multiplied by .5 hours (30 minutes) multiplied by the total case months for the caseload. Administrative activities include the identification of cases, the initial informing notice, referral to orientation, the administrative time to process the supportive services payment(s), and the county mandated activities that must be performed by the County Welfare Department (please refer to MPP Section 42-762.6) including the final determination of deferrals, exemptions, bonuses, sanctions, good cause determination and activities associated with fair hearings.

The above allocation methodology regarding the \$1,650 amount for case management and the 30 minutes for all administrative costs per case per month is contingent upon final state budget action.

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The costs for child care, transportation and ancillary expenses are not to be included in the county budget proposal. The county will be reimbursed for costs claimed. Counties are required to adhere to the same regional market rates as GAIN for child care and GAIN requirements for transportation reimbursement (MPP Section 42-750). Timestudy instructions for Cal-Learn are included in County Fiscal Letter No. 93/94-39.

PLANNING FOR SFY 1994/95

County plans should be based on a realistic assessment of the number of eligible teens that can be served. These plans should identify the caseload the county intends to serve through Cal-Learn for SFY 1994/95 along with an estimate of the number of teens that will be exempt or deferred.

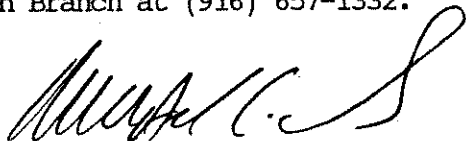
For those counties that have an approved plan for SFY 1993/94 we are requesting that the county, at a minimum, submit the following: the 1994/95 Budget Proposal; Section I, parts A and B; Section II, parts A and B; and Section III, parts A, B and E; and any updated information that would be included in Appendix A. If there are any additional changes, the county must submit that information. Board of Supervisors approval is not required unless there are significant changes or revisions.

ALL CAL-LEARN COUNTY PLANS ARE TO BE MAILED TO:

Employment Policy Section, Cal-Learn Program  
California Department of Social Services  
744 P Street, M.S. 6-138  
Sacramento, California 95814

Counties are to provide four copies of the Cal-Learn plan.

Any questions related to the planning process should be directed to your Cal-Learn county analyst of the Employment Policy Section at (916) 654-1424. Questions related to the Cal-Learn Budget Proposal should be directed to Julio Rodriguez of the County Cost Analysis Bureau at (916) 657-3806. For questions regarding the information required by CDHS for non-AFLP case management services should be directed to Sharlyn Hansen of the CDHS Maternal and Child Health Branch at (916) 657-1332.



MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division



STEPHEN W. KESSLER  
Deputy Director  
Primary Care and Family  
Health Division  
Department of Health Services

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Attachments

# CAL-LEARN COUNTY PLAN FORMAT

STATE FISCAL YEAR 1994/95

COUNTY: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## SECTION I. IMPLEMENTATION / CASELOAD

The county expects to implement the Cal-Learn Program on: \_\_\_\_\_

### A. Provide an unduplicated count for the following:

The county estimates that a total of \_\_\_\_\_ teens will be eligible for Cal-Learn during SFY 94/95.

The county estimates a total of \_\_\_\_\_ teens will be exempted from Cal-Learn during SFY 94/95.

The county estimates a total of \_\_\_\_\_ teens will be deferred from Cal-Learn during SFY 94/95.

Describe how the county will identify eligible teens:

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### B. Identify the number of eligible teens the county will provide Cal-Learn services to during the State Fiscal Year (SFY) 1994/95.

\_\_\_\_\_ Initial Month

\_\_\_\_\_ Number to be phased-in each subsequent month.

\_\_\_\_\_ Total caseload as of June 30, 1995.

## **SECTION II. SUPPORTIVE SERVICES**

Using the Local Coordination matrix (Appendix A) each county needs to provide a complete list of social services, supportive services (child care and transportation) and health related services currently available in the county, both public and privately funded, which would appropriately serve teen parents (MPP Section 42-767.11). In developing this inventory the county needs to list the resources that these agencies will make available to teen parents and the linkages that the CWD has or plans to establish. An estimate must be provided as to the availability of services including current capacity, current usage and vacancies. The assessment of services must encompass all geographical areas within the county. This information may be copied from the county's GAIN plan or AFLP network information where applicable. (Attach additional information as needed.)

*A. Based on the Local Coordination matrix (Appendix A) the county certifies to the following:*

\_\_\_\_\_ Sufficient child care services exist to provide necessary child care for the Cal-Learn population, as indicated, to be served SFY 94/95 (MPP Section 42-765).

\_\_\_\_\_ Sufficient transportation resources exist to provide necessary transportation for the Cal-Learn population, as indicated, to be served SFY 94/95 (MPP Section 42-765).

If supportive services are not sufficient to serve the estimated caseload, provide a description of the situation and a plan for how the county intends to secure the needed services: (Attach additional information)

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*B. Provide an estimate of the total costs for supportive services for SFY 94/95 in each of the following areas:*

\_\_\_\_\_ Child care.  
\_\_\_\_\_ Transportation.  
\_\_\_\_\_ Ancillary expenses.

### SECTION III. CAL-LEARN CASE MANAGEMENT

A. *The county certifies that the following activities will be performed:*

\_\_\_\_\_ Adolescent Family Life Program (AFLP) case management activities as defined by AFLP standards and scope of services.

B. *The county certifies the following activities will be performed and indicates who will be performing the additional Cal-Learn case management activities beyond AFLP case management (Name of Agency):*

\_\_\_\_\_ Arrangement and management of supportive services.

\_\_\_\_\_ The report card submittal schedule.

Recommendations and documentation for;

\_\_\_\_\_ Exemptions.  
\_\_\_\_\_ Deferrals.  
\_\_\_\_\_ Good Cause.  
\_\_\_\_\_ Bonus and Sanctions.

NOTE: The determination of exemptions, deferrals, good cause, and bonus and sanctions are to be performed by the CWD and are considered CWD-only administrative activities.

*C. AFLP case management activities (as certified above in Section III, A) will be provided by:*

AFLP Provider(s): \_\_\_\_\_  
(Agency)

or

\_\_\_\_\_ The county is contracting with a non-AFLP provider for all or part of AFLP case management activities for the Cal-Learn program (Complete Appendix C).

and/or

\_\_\_\_\_ The county directly provides all or part of AFLP case management activities for the Cal-Learn program (Complete Appendix C).

If more than one agency provides AFLP case management, describe the role and responsibilities of each agency including the role of the local health agency:

*D. Coordination between AFLP and the CWD.*

\_\_\_\_\_ The county certifies that the plan has been developed in conjunction with an AFLP provider or the local health agency if no AFLP exists in the county (MPP Section 42-766).

Provide a description of the planning process for the development of the program and the coordination between the CWD and the AFLP. If the county is not contracting with an AFLP provide a description of the planning process for program development in conjunction with the local health agency and include a description of how the county and the local AFLP provider(s) will ensure that Cal-Learn participants do not also receive case management services through the local AFLP contractor(s) (Attach additional information as needed):



*E. Un-availability of case management services.*

Lack of case management services will result in \_\_\_\_\_ deferrals for SFY 94/95. Describe the situation and how the county intends to provide the needed services in the future:

**SECTION IV. JUSTIFICATION FOR NON-AFLP CASE MANAGEMENT**

*The county is not contracting with an AFLP provider for all or part of AFLP case management services as described in Section III, A of this plan because:  
(MPP Section 42-766.133)*

\_\_\_\_\_ AFLP services are not available.

or

\_\_\_\_\_ AFLP services are not cost-effective.

or

\_\_\_\_\_ The CWD has an existing GAIN Teen Parent program.

Provide an explanation:

List the Non-AFLP provider(s): \_\_\_\_\_

(Agency)

## SECTION V. REQUIRED ATTACHMENTS

\_\_\_\_\_ Cal-Learn services matrix is attached (Appendix A).

\_\_\_\_\_ Cal-Learn budget proposal is attached (Appendix B).

\_\_\_\_\_ Board of Supervisors' approval of the Cal-Learn Plan addendum is attached.

*If the county is providing part or all of AFLP case management services ( as described in Section III, A) or is contracting with a non-AFLP provider the following attachments are required (MPP Section 42-767.121):*

\_\_\_\_\_ Attached is a description of services pursuant to the California Department of Health Services published guidelines on case management protocols (Appendix C).

\_\_\_\_\_ Attached (included in Appendix C) is a description of agencies organizing and participating in the Cal-Learn network; including network meeting plans and purpose of the network meetings.

CAL-LEARN SERVICES MATRIX

LOCAL COORDINATION/ INVENTORY OF SERVICES

NAME OF AGENCY	TYPE OF AGENCY	CURRENTLY SERVING CAL-LEARN TEENS	CURRENT AGREEMENT W/ AGENCY	WRITTEN AGREEMENT (CONTRACTOR) IF APPLICABLE	AGREEMENT TO BE ESTABLISHED
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# FY 1994/95 CAL-LEARN PROGRAM BUDGET PROPOSAL

County:

## Section I - County's plan for phasing Cal-Learn cases into the program:

Month		# Cases brought into program	# of Months In Program	Cumulative Caseload (Casemonths)
July 94			x 12 =	
Aug 94			x 11 =	
Sept 94			x 10 =	
Oct 94			x 9 =	
Nov 94			x 8 =	
Dec 94			x 7 =	
Jan 95			x 6 =	
Feb 95			x 5 =	
March 95			x 4 =	
April 95			x 3 =	
May 95			x 2 =	
June 95			x 1 =	
<b>Total # of Cases</b>				
<b>Cumulative Caseload</b>				
Estimated # of Cases phased-out of program (casemonths)				( )
(Due to: exempt status, graduation/GED, aged out-of-program, discontinued from AFDC program, etc... )				
<b>FY 1994/95 Total Cumulative Caseload</b>				
(Cumulative Caseload minus # of cases phased-out)				

## Section II - Requested Allocation:

### Case Management Costs:

Case Management costs are \$1650 per participant for one year of service.  
(Total Cumulative Caseload X \$137.50/month)

**A. TOTAL CASE MANAGEMENT COSTS**

\$

### Administrative Costs:

Eligibility Worker Hourly Unit Cost (Sal & Overhead)  
(FY 1992/93 Actual Cost)

\$

### County Administrative Activities:

(EW hrly cost x .50/hr x Total Cumulative Caseload)

**B. TOTAL ADMINISTRATIVE COSTS**

\$

**TOTAL REQUESTED CAL-LEARN ALLOCATION**

\$

( A. + B. )

## DEPARTMENT OF HEALTH SERVICES COUNTY PLAN REVIEW

It is the intent of the Cal-Learn Program that counties shall contract with Adolescent Family Life Program (AFLP) agencies in the provision of counseling and intensive case management for eligible participants. If the county is not contracting with an AFLP agency, one of the following conditions must be met: (a) there is no AFLP available; (b) services provided by an AFLP contractor are not cost-effective; or (c) the county has an existing teen services program which meet statutory criteria described below and the additional information listed below must be provided in the county plan. The California Department of Social Services (DSS) will transfer this information to the Department of Health Services (DHS), Maternal and Child Health Branch (MCH) for review. The DHS/MCH will determine whether the proposed contractor or the county (if delivering services directly) conform to the standards and scope of services provided by the AFLP. MCH staff will forward their recommendations to the DSS. For counties applying for approval to deliver services directly or through another public or nonprofit agency or school district, a complete written response to the topics listed below will be required:

### **I. Description of the Applicant**

Include a description of the organization that will be providing AFLP case management services. Include prior and current services provided to pregnant and parenting adolescents, details on the length of services provision, numbers served and the results of any of internal or external evaluations of these programs. A description of the proposed AFLP case management/Cal-Learn program should be included which details plans for staff recruitment, qualifications, and training.

### **II. Case Management Personnel**

In order to meet the standards and scope of services of an AFLP, agencies must have sufficient administrative and case management staff to provide the following activities: administration of the case management program, develop/participate in/maintain a network of local service providers with whom written linkage agreements have been finalized, ~~provide intensive case management services which include outreach and case finding,~~ intake, initial client assessment, case planning, case plan implementation, monitoring and evaluation of client's progress and case plan. Comprehensive referrals are required. These referrals, based upon client assessment and case plan, may include Medi-Cal, prenatal care, family planning, Women, Infants, and Children (WIC) Supplemental Food Program, school, employment, job/vocational training, housing, child and adolescent health care, child day care, and counseling, as appropriate. Provide a list of staff positions, including administrative and supervisory staff who will be providing services to the Cal-Learn contracted caseload (format example attached). List all positions in this section in full time equivalents (FTE's). Part-time positions carry proportionate reduced caseloads. Provide an organization chart showing the relationship of all positions.

### **III. Protocols**

Submit protocols (policies and procedures) which describe how the applicant organization will implement the AFLP Program Standards with Addendum issued by MCH on January 19, 1994 for Cal-Learn participants (copy enclosed). In addition, include samples of the assessment tools to be used to complete the five required assessments and a sample of the Individual Service Plan (ISP).

### **IV. AFLP Management Information System (Lodestar)**

All clients receiving case management services are entered into the AFLP Management Information System (MIS). Describe your plan for meeting this program standard. The data entry format and hardware specifications for the Lodestar system are attached. Submit your plan for interim data entry and reporting until the Lodestar system is revised. The DHS and Lodestar Management Inc. will supply the software to you at no cost and arrange for technical assistance. DHS will supply data entry forms to be filled out manually for each client and submitted to DHS during the start up phase of the automated MIS.

### **V. Service Provider Network**

Identify and describe the agency responsible for organizing and/or maintaining the Case Management Service Network in compliance with AFLP Standard II. Include a list of agencies with whom written linkage agreements are being developed or have been completed and a description of planned meetings, agendas, and strategies for maintaining the network and agendas.

### **VI. Planning with AFLP and Local Health Agency**

Describe your coordination process with the local health director and the AFLP. A letter from the AFLP provider and the health agency documenting the coordination effort must be included. If there is no AFLP in the county, you are encouraged to seek consultation from a neighboring AFLP and request a letter from them describing their contribution to your plan. In cases where there was no coordination with an AFLP, the plan must include documentation of your efforts to obtain this as well as the letter from the health agency. Consultation and technical assistance will also be available from MCH by contacting Sharlyn Hansen, Adolescent Health Coordinator, at (916) 657-1332.

Attachment

# EXAMPLE

## PERSONNEL DETAIL WORKSHEET

Contractor:

Program / Project:

Fiscal Year:

	(1) STAFFING	(2) % FTE	(3) ANNUAL SALARY	(4) TOTAL FUNDING
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
(1)	TOTAL WAGES			
	AVG BENEFIT RATE			
(2)	TOTAL BENEFITS			
	TOTAL PERSONNEL COSTS			

# C A L L E A R N P R O G R A M

<p><b>CASE MANAGEMENT ACTIVITIES</b> <b>\$1,650 PER PARTICIPANT PER YEAR</b></p>	<p><b>COUNTY ADMINISTRATIVE ACTIVITIES</b> <b>30 MINUTES PER CASE MONTH</b></p>
<ul style="list-style-type: none"> <li>• Community resource networking *</li> <li>• Assessment for placement in educational program and referral to needed social and health services *</li> <li>• Case plan/ISP development and review *</li> <li>• Referral followup and monitoring progress to determine effectiveness of service provision and case plan goals *</li> <li>• Counseling, guidance, and participant outreach *</li> <li>• Cal-Learn Program orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of teen parents and referral to Cal-Learn orientation</li> </ul>
<ul style="list-style-type: none"> <li>• Exemption and deferral recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Review of recommendations and making final determinations for program exemptions and deferrals,</li> </ul>
<ul style="list-style-type: none"> <li>• Report card submittal schedule development and monitoring</li> <li>• Review of report cards, determining progress, and recommending bonuses and sanctions</li> <li>• Reasonable effort requirements prior to sanction recommendation</li> </ul>	<ul style="list-style-type: none"> <li>• Review of recommendations and making final determinations for bonuses, sanctions, and sanction related good cause</li> <li>• Making grant determinations and processing bonuses and sanctions</li> </ul>
<ul style="list-style-type: none"> <li>• Identifying the need for and method of providing supportive services</li> <li>• Authorizing supportive service payments</li> <li>• Establishing when supportive service overpayments have occurred after the county has verified attendance.</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive services administration (transportation, ancillary, child care) - attendance verification and payment calculations; calculating and processing overpayments; comparing child care fees to determine 75th percentile RMR and computing child care costs above the 75th percentile</li> </ul>
<ul style="list-style-type: none"> <li>• AFLP Lodestar management information system, including data collection, entry, and reporting *</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS related data collection</li> </ul>
<ul style="list-style-type: none"> <li>• Preparing and issuing supportive service notices of action and other forms and notices necessary to accomplish case management activities</li> </ul>	<ul style="list-style-type: none"> <li>• Preparing and issuing NOAs and forms necessary to accomplish the county administrative activities</li> <li>• Preparing fair hearings</li> </ul>

\* According to the standards and scope of the AFLP Program

May 24, 1994



**CALIFORNIA DEPARTMENT OF HEALTH SERVICES**

**MATERNAL AND CHILD HEALTH**

**ADOLESCENT FAMILY LIFE PROGRAM**

**STANDARDS**

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**March 1, 1993**

with Cal-Learn Addendum - January 26, 1994

## **DEDICATION**

**These standards are dedicated to the teen clients and their case managers in the Adolescent Family Life Program. For nearly ten years, these partners have been proving conventional wisdom wrong by producing strong, mature, self-reliant people, and caring, competent parents.**

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# Adolescent Family Life Program Standards

## Introduction

The Department of Health Services, Maternal and Child Health Branch, provides funding for the Adolescent Family Life Program (AFLP). AFLP is designed to enhance the education and improve the health, social, and economic well-being of pregnant and parenting adolescents in California. AFLP is based on successful models in Los Angeles and San Francisco which were funded by grants from the Federal Office of Adolescent Pregnancy. AFLP was initially established as an administrative initiative in the Governor's Budget of 1985. In 1988, legislation provided permanent statutory authority for the program. (Section 309.100 of Chapter 2, Part 1, Division 1 of the Health and Safety Code.)

Initially 4,000 clients were targeted to be served over a three year period. By the end of the first three years (June 30, 1988), 5,570 pregnant and parenting clients participated in AFLP. During that period an intensive, independent evaluation was carried out under contract by a team from the University of Southern California's School of Social Work. Highlights of the AFLP evaluation final report, submitted in August 1990, are as follows:

Client Description: On entering the program, two out of every three clients were pregnant, and one out of three were either parenting or pregnant and parenting; 97 percent were 17 or under; 39 percent were Hispanic, 29 percent white, 25 percent Black, 4 percent Asian, and 4 percent other; 57 percent were in school and 41 percent were not. Over half (52 percent) of pregnant dropouts and 42 percent of the parenting dropouts were out of school before they became pregnant. Most clients were single (82 percent), unemployed (93 percent), and not in job training (96 percent). Many of the adolescent male partners of these women were also dropouts (40 percent), were substance abusers (48 percent), and were violent toward the women (33 percent) or their children (19 percent).

Service Networks: These statistics describe a seriously troubled and difficult to serve population. The cost to California for public assistance for families which began when the mother was a teenager, was estimated at \$3.08 billion per year in 1985. Through the development and maintenance of a network of community services and resources, AFLP agencies provide continuous case management to pregnant and parenting teens beginning with outreach and client enrollment. Based on a comprehensive assessment of need, AFLP case managers assist clients in gaining access to needed educational, health, medical care, and psychosocial, as well as vocational counseling and other services. This constellation of services promotes a positive pregnancy outcome, effective parenting, completion of education or training programs, and obtains social and economic independence for the young parents and their children. These services are provided to clients either by the AFLP program itself, the host agency, or providers in the local network.

### Outcomes:

- AFLP clients gave birth to 20 percent fewer low birthweight babies than the population of women under 18 years of age in California, 6.3 percent per 1,000 as compared to 7.9 percent. The reduction in the incidence of low birthweight births was even more impressive (27 percent lower) among African-Americans.
- Over 90 percent of children with the program had a source of medical care, although only 20 percent were on target with the recommended schedule of well child visits.
- Fully 80 percent of pregnant clients who were in school at AFLP enrollment were still in school when they delivered their babies. This is a complete reversal of national data which show that 8 of 10 girls who get pregnant in school drop out. Forty-two (42) percent of pregnant clients who were dropouts at AFLP enrollment re-enrolled in school or graduated during their participation in AFLP.
- Although an accurate measure of repeat pregnancy was not obtained, for those young women who stayed in the program at least 12 months post partum, the repeat birth incidence was 13 percent, a significant improvement over the 20 percent repeat birth rate reported in national studies.
- These outcomes were achieved through continuous case management linking clients to needed services above and beyond what they were receiving prior to enrollment in the AFLP. Pregnant clients received 7.7 additional services, and parenting clients an additional 6.5 services. The greatest unmet service need was for child care, and the absence of child care is the most significant reason parenting adolescents do not remain in school.

### RECOGNITION

Based on the aforementioned outcomes, AFLP received the 1989 American Medical Association's National Congress on Adolescent Health Award for Excellence in Intervention with respect to pregnancy. Both the California Auditor General and the Strategic Plan of the California Conference on Adolescent Pregnancy and Parenting praised the AFLP and recommended its expansion to serve more teens.

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### GROWTH

In 1991, as part of the Governor's Initiative to Prevent Teenage Pregnancy, AFLP received \$1.7 million to expand to five additional counties. In the past four years, AFLP has served 14,509 pregnant and parenting adolescents through 37 contracts with a budget of \$9.7 million. Plans for further expansion through targeted case management and administrative cost sharing with Title XIX funding are in progress. The program is dedicated to achieving the mission and goals as set forth in this document through collaborative action among all those involved in the betterment of the health and social well-being of California's youth.

## **ADOLESCENT FAMILY LIFE PROGRAM STATEMENT OF PHILOSOPHY**

**We believe every adolescent is a unique person whose developmental journey can be affected by varying personal, familial, and societal factors.**

With encouragement, guidance, and support, adolescents can make positive choices that will advance their growth and development. Further, every adolescent has the capacity to be a contributing, productive, fully-realized person.

**We believe when the adolescent's journey includes pregnancy, the untoward consequences of that pregnancy can be prevented or ameliorated.**

With appropriate guidance and support, pregnancy need not result in adverse outcomes for the adolescent mother, the father of the baby, or the baby in terms of physical and mental health, socialization, and education. Pregnancy and parenting need not impair the capacity of adolescents to be contributing, fully-realized persons.

**We believe in the capacity and desire of adolescents to be nurturing parents, to ensure the probability of a healthier next generation.**

**We believe that a comprehensive, continuous case management model can promote the self-sufficiency of adolescents by building relationships that help them to continue to advance on their developmental journeys.**

In the commonality of adolescence, there is diversity. Comprehensive case management must respect the diversity of cultures, expression of developmental levels, access to resources, knowledge base, and life experiences of the adolescents in the program. Further, case management draws and builds on the uniqueness of the individuals involved -- both clients and case managers.

**AFLP draws together community resources to assist adolescents in realizing their potential as persons and parents.**

AFLP develops relationships and educates and works in partnership with community resources to serve adolescents better. Success in AFLP is achieved through the sharing of responsibility among the adolescent clients, their families, and community resources.

## ADOLESCENT FAMILY LIFE PROGRAM MISSION STATEMENT

The mission of the Adolescent Family Life Program is:

- to use case management to enhance, through associations with families, and community resources, the health, educational potential, economic opportunity, and self-sufficiency of adolescents during pregnancy and parenthood and of their children, and to promote healthy parent-child relationships;
  - to develop nurturing relationships in which case managers and adolescents can work together to prevent and ameliorate the untoward effects of early childbearing;
  - to promote the development of collaborative, integrated systems of care to support adolescents during pregnancy and parenthood, and to support their children;
  - to respect the unique, culturally-defined needs of our various client populations and communities.
-

# ADOLESCENT FAMILY LIFE PROGRAM

## GOALS

- ADOLESCENT WOMEN, THEIR PARTNERS, AND THEIR CHILDREN WILL BE SERVED BY EFFECTIVE, COMPREHENSIVE NETWORKS OF LOCAL PROGRAMS AND AGENCIES.
- ADOLESCENT WOMEN, THEIR PARTNERS, AND THEIR CHILDREN WILL BE SUPPORTED THROUGH CONTINUOUS CASE MANAGEMENT IN DEVELOPING A SENSE OF THEMSELVES AS WORTHWHILE, CAPABLE PERSONS.
- RELATIONSHIPS AMONG ADOLESCENT WOMEN, THEIR FAMILIES, AND THEIR SOCIAL SUPPORT NETWORKS WILL BE HEALTHY AND MUTUALLY ENHANCING.
- ADOLESCENT WOMEN AND THEIR PARTNERS WILL MAKE USE OF HEALTH CARE RESOURCES TO ACHIEVE AND MAINTAIN OPTIMAL PHYSICAL AND MENTAL HEALTH FOR THEMSELVES AND THEIR CHILDREN.
- ADOLESCENT WOMEN AND THEIR PARTNERS WILL MAKE HEALTHY LIFESTYLE DECISIONS FOR THEMSELVES AND THEIR CHILDREN.
- ADOLESCENT WOMEN WILL DELIVER HEALTHY BABIES.
- ADOLESCENT WOMEN AND THEIR PARTNERS WILL DEVELOP EDUCATIONAL AND/OR VOCATIONAL GOALS FOR THEMSELVES.
- ADOLESCENT WOMEN AND THEIR PARTNERS WILL PLAN FOR SUBSEQUENT PREGNANCIES IN ORDER TO REDUCE UNINTENTIONAL PREGNANCIES.

## STANDARD I: AFLP ADMINISTRATION AND MANAGEMENT

The AFLP provider (the provider) fulfills administrative and management functions



**necessary to achieve the Mission and Goals of the AFLP and to meet the contractual requirements of the State Maternal and Child Health (MCH) Branch/AFLP.**

**Rationale**

The provider must have the fiscal and administrative capabilities to provide a system which assures the effectiveness and quality of services using available resources.

**Structure Criteria**

The provider has:

- organizational and program procedures and policies congruent with MCH/AFLP policies and standards;
- the human and material resources necessary to manage the fiscal and program administration of the MCH/AFLP contract scope of work;
- a written plan for orientation and in-service education for all case management staff;
- a Management Information System (MIS) for use in program evaluation;
- a written plan for maintaining as much contact as possible with clients during times when the agency's provision of services is interrupted.

**Process Criteria**

The provider:

- implements and annually reviews program services, protocols, and staff development plans;
  - regularly submits invoices and other required reports;
  - furnishes supervision of, consultation to, and staff development for personnel who provide client services;
- 
- uses the MIS to promote effective program planning and implementation.

**Outcome Criteria**

- There are written protocols in place which embody MCH/AFLP policies and provide

direction for personnel practices, fiscal management, and program and client services.

- MCH Branch has approved the agency's AFLP protocols.
  - The provider receives reimbursement for clients served.
  - Agency files document the orientation and in-service training activities in which case management personnel participate.
  - Each employee receives an annual performance evaluation.
  - Reports from MIS are used in program planning.
  - The provider submits to the State MCH Branch semi-annual written narrative reports based upon MIS which detail progress toward meeting program objectives, as well as services provided and staff development activities undertaken.
-

## **STANDARD II: NETWORK COORDINATION**

**AFLP provider agencies participate in network coordination in their communities for the provision of services to pregnant and parenting adolescents, their children, and their families.**

### **Rationale**

Achieving a coordinated delivery system for pregnant and parenting adolescents is challenging and often affected by a scarcity of community resources. AFLP providers must employ a systemwide focus and must have a long-term commitment to collaborate with other community agencies to assure that appropriate and necessary services are available to clients.

### **Structure Criteria**

- The community has a network of agencies and individuals who provide services to adolescents during pregnancy and parenthood. These may be formally linked to the provider through memoranda of understanding (MOU), interagency agreements, and/or attendance at service network meetings, or informally linked through the process of providing services to clients.
- The provider has written agreements with organizations, agencies, and individuals for securing or providing services.

### **Process Criteria**

The provider:

- coordinates and/or collaborates with county health departments and community service agencies and programs to advocate for and promote development of client services through networking;
  - facilitates, coordinates, and/or participates in service network meetings at least quarterly; and
- 
- develops, negotiates, and updates written agreements with service provider agencies.

### **Outcome Criteria**

- The service network meeting activities are documented in written summaries or minutes of meetings.
  - Written agreements (letters of agreement, MOUs, interagency agreements) exist which define reciprocal roles and responsibilities for the AFLP and the network service provider and which describe referral and follow-up procedures for linking clients to services.
  - The MIS documents the number of clients receiving services.
-

### **STANDARD III: OUTREACH AND CASE FINDING**

The AFLP provider conducts outreach and case finding activities to identify adolescent women under 18 years of age who are pregnant or who have one or more children. The men who are their partners in pregnancy and parenting are recruited for the program so long as they are under 21 years of age.

#### **Rationale**

Case management programs are directed toward targeted or selected client populations. Outreach and case finding assures that appropriate and eligible clients are referred to the program.

#### **Structure Criteria**

The provider has protocols:

- for informing agencies, service providers, and potential clients of program eligibility requirements, program services, and referral procedures;
- for the enrollment of clients on a waiting list;
- for the retention of clients with special circumstances;
- for enrollment of clients regardless of school enrollment status or source of medical care.

#### **Process Criteria**

- AFLP staff implement outreach activities, as needed, to recruit new clients and generate referrals to the program.
- AFLP staff educate community providers about the AFLP and about eligibility requirements to ensure the most appropriate client referrals possible.

#### **Outcome Criteria**

- Outreach activities to potential clients and community providers are documented in the semi-annual reports.
- The provider maintains a full caseload as defined by the months of service.

### **STANDARD IV: INTAKE**

**The AFLP provider has a structured, interactive process to enroll clients into the program.**

### **Rationale**

When clients enter into service relationships voluntarily and as full participants, they are more likely to become invested and to follow through with active participation. Prior to choosing to participate, clients have the right to be fully informed about services offered, as well as about their responsibilities. The intake process also serves to gather information which the program must have to serve the client.

### **Structure Criteria**

- The provider has an intake procedure which, at a minimum, includes methods to address the following:
  - general program information
  - AFLP/MCH data collection procedures
  - client's rights
  - grievance procedures
  - client's right to confidentiality
  - mandated reporting requirements related to abuse and threats of violence to self or others
  - consent to participate
  - basic client demographics
  - Lodestar intake form
  - release of information that is time- and provider-specific
  - assignment of a case manager whose caseload does not exceed 40 clients
- The provider has a procedure for responding to emergency needs the client reveals during the intake process.

### **Process Criteria**

The AFLP staff person conducting the intake:

- provides program information and discusses the content and purpose of the forms with the client;
- conducts the intake in a culturally and linguistically appropriate way;
- assists the client in signing and dating relevant forms;
- addresses emergency needs which the client reveals during the intake process.

### **Outcome Criteria**

- Client data is entered into the Lodestar/MIS during the month of enrollment.
  - Properly signed and dated intake forms are on file in the client's record.
  - Resolution of emergency needs is documented in client records.
-

## **STANDARD V: INITIAL CLIENT ASSESSMENT**

**The AFLP case manager systematically collects, records, and analyzes client information to serve as a baseline for the development of the initial comprehensive Individual Service Plan (ISP).**

### **Rationale**

Effective interviewing, behavioral observations, and review of pertinent documents serve as basic information necessary to reach objective conclusions and plan appropriate interventions.

### **Structure Criteria**

The provider has:

- a systematic method for gathering, recording, communicating, and retrieving from client files and the Lodestar data program comprehensive client data for planning and evaluation;
- a method for assuring confidentiality of client information;
- procedures for assessing at a minimum the client's psychosocial functioning and risk factors; health status, including nutrition and environmental risk factors; parenting skills; knowledge of child development; as well as the client's need for health education and educational/vocational intervention.
- a method for obtaining client assessment data from other sources, as needed, with client consent.

### **Process Criteria**

The case manager:

- joins with the adolescent client and family to identify strengths and weaknesses of the client's support network;
- completes assessments of the needs of the client and the client's infant or child(ren) by:
  - gathering data from a variety of sources;
  - evaluating the client's living environment;
  - evaluating the extent to which the client's behaviors promote health and well-being;



- completing individual and family developmental, health, and psychosocial histories

### **Outcome Criteria**

- The initial assessment data is filed in the client's chart.
  - The initial assessment data serves as the basis for the ISP.
-

## **STANDARD VI: PLANNING**

**The AFLP client will have an ISP developed after the initial assessment period, and that the ISP will be reviewed at least quarterly, and revised as needed. The ISP specifies goals and interventions and delineates activities and services in response to the unique needs and demands of the client, her/his child(ren), family, environment, and community.**

### **Rationale**

Comprehensive case management relies for its direction upon a plan which pulls together all of the initial and ongoing assessments and problem identifications into a goal-oriented, measurable strategy unique to each client.

### **Structure Criteria**

The provider has a plan for each client:

- which specifies, at a minimum, goals, objectives, arrangements for obtaining services (including the person responsible), timelines, and results;
- which addresses her/his psychosocial functioning; health status, including nutrition and environmental risks; parenting skills and knowledge of child development; as well as needs for health education and educational and vocational interventions;
- which includes interventions which are appropriate for the client's developmental level;
- which accommodates the client's patterns of health, educational, and psychosocial functioning.

### **Process Criteria**

The case manager:

- includes the client/family in ISP development to the client's level of developmental ability and the family's availability;
- incorporates information from service providers in ISP development and revision by means of case conferences, client record reviews, and agency supervision and/or consultation.

### **Outcome Criteria**

- The client's record contains an ISP which documents quarterly reviews and client participation.
  - The client record documents progress toward the ISP objectives.
  - The client record contains summaries of case conferences.
-

## **STANDARD VII: IMPLEMENTATION**

**The AFLP case manager, guided by the ISP, facilitates client access to and utilization of available public and private services.**

### **Rationale**

This system of coordinating services increases the probability that the client will achieve the psychosocial, health, nutrition, health education, educational/vocational, parenting/child development, and environmental objectives specified in the ISP.

### **Structure Criteria**

The provider has:

- a resource list or file of available materials and services within the service area. It may include, but is not limited to, services in these arenas: 1) prevention, 2) education, 3) health care, 4) social welfare, 5) employment and training, 6) child care, 7) emergency support, 8) legal, 9) mental health, 10) nutrition, and 11) parenting;
  - a standard record format for each client which contains the necessary forms for documenting the implementation of comprehensive case management activities. This client record will include, at a minimum, the intake form, assessment forms, the ISP, and progress notes;
  - a procedure for case managers' quarterly review of client records which documents and summarizes client status;
  - a procedure for extending services to clients with special needs in special circumstances;
  - a procedure for providing for the exit of clients who: 1) move out of the area, 2) cannot be contacted for three consecutive months, 3) request termination, 4) have attained age 20, 5) have accomplished program goals, 6) are unable to complete goals at this time, 7) no longer need AFLP services, or 8) are no longer pregnant or parenting.
- 

### **Process Criteria**

The case manager will:

- inform clients about services that are appropriate and for which they and their child(ren) and families are eligible;
- provide clients with information needed for access to services or contact service providers and facilitate access for clients;
- work with clients and providers to ensure access to and coordination of services;
- intervene on behalf of clients with agencies and service providers, and on behalf of agencies and service providers with clients;
- maintain a record of client and family-centered case management activities;
- provide a quarterly written summary of client status in the client's record;
- exit clients within three months providing for a smooth transition to independence or other appropriate agencies;
- evaluate clients for special needs requiring extended services.

#### Outcome Criteria

Each client's record reflects that the client:

- was informed about and received referrals to available and appropriate services;
- received assistance in gaining access to services;
- received needed services (or the record documents service barriers);
- was discharged with a plan for referral or follow-up, if appropriate.

Each client's record contains:

- 
- a current ISP, progress notes, and quarterly summaries, as well as documentation of need for extended services, if appropriate.

## **STANDARD VIII: MONITORING AND EVALUATION**

**Each client's progress is monitored on a monthly basis through client, collateral, and/or service provider contacts to determine the effectiveness of service delivery and to assess progress toward individual goals and objectives.**

### **Rationale**

The achievement of positive client outcomes is facilitated by a realistic ISP developed over time through regular review of service provision and the client's situation.

The Provider:

- has a protocol for maintaining contact with clients, with collaterals, and with service providers;
- provides for quarterly ISP reviews.

### **Process Criteria**

The case manager:

- maintains or attempts to make contact with the client at least monthly to stay current with the client's life situation;
- identifies barriers to services and emerging or changing client needs;
- evaluates the effectiveness of the service delivery process and the client's use of services by means of feedback from the client, collateral, and service providers.

### **Outcome Criteria**

- The provider documents that service plans are revised as needed and evaluated at least quarterly.
  - The client record documents the effectiveness of service delivery in achieving client goals and objectives, as well as barriers and deficiencies.
-

## GLOSSARY

AFLP Provider: An organization/agency that is under contract to provide case management services to pregnant and parenting adolescents as prescribed by the MCH contract and AFLP standards.

Appropriate Services: Those services needed by individual clients in order to obtain program goals. Appropriateness of service is determined by clients' individual needs and whether they already were receiving such services prior to enrollment in the AFLP. (Not all clients need all services.)

Case Finding: Identification of at-risk adolescents and families who are eligible and so are potential clients.

Case Management: Is a process which assures that a client receives needed services within a complex multi- and trans-disciplinary network in an efficient, supportive, and cost effective manner. Case management is client-centered, culturally appropriate, and goal-oriented. It is interactive, involving the client and the client's family, significant others, and support persons as equal partners with the case manager in identifying needs and defining ways to meet those needs. Building interpersonal relationships among the clients, case managers, and others is both a method and goal of case management.

Case Manager: A case manager is responsible for, but not limited to, assessing clients' needs, problem solving, counseling, case monitoring, coordination, and evaluation, as well as client advocacy.

Client Contact: A face-to-face visit, group visit, or telephone contact with the client which provides one or more of the following services: counseling, monitoring, assessment, evaluation, and/or crisis intervention. This includes documentation of failure to contact the client. A face-to-face contact between the client and the case manager must occur at least quarterly.

Client Record: A confidential record of the client's intake information, assessments, ISP, progress notes, and other relevant information.

Collateral: A person who has regular contact with a client. This could be a parent, spouse, teacher, counselor, or other such person.

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Family: "Family" is broadly and liberally defined in the AFLP and may include the pregnant or parenting adolescent, her parents, and partner/husband/father of the baby, as well as other persons providing care and support to her.

Individual Needs Assessment: This is an inventory of needs based on the individual clients' assets

and deficits in terms of current pregnancy or parenting status. The individual needs assessment is the basis of the ISP and varies according to clients situations/circumstances.

Individual Service Plan (ISP): As agreed upon by the client and the case manager, the ISP includes identification of needed services, the methods for providing or obtaining them, and desired outcomes. It is the joint responsibility of the client and the case manager to assure access to identified services. (Unavailability of identified services must be documented in the ISP.)

Intake: The interactive process prior to the individual needs assessment by which clients are enrolled into AFLP. During this process, eligibility is determined and basic demographic data are collected.

Interagency Agreement: A written agreement between the lead AFLP agency and another agency specifying what services are to be provided, how they are to be provided, referral systems, follow-up activities, and mutual responsibility for maintaining the agreement.

Interventions: Those services needed to correct or ameliorate a client's health, psychosocial, educational, vocational, daily living or economic problem which may be chronic, episodic, or emergent.

Management Information System (MIS): A computer program designed to collect client data and produce management reports on client caseload and client outcomes.

Memorandum of Understanding: This is an internal instrument used among programs within a single agency which defines roles and responsibilities of participating programs.

Months of Service: A methodology of the Lodestar MIS for measuring the case management hours provided to clients enrolled in AFLP.

Networking: A process for identifying problems with availability of and access to services, developing new program approaches, assessing the effectiveness of the service delivery system, and information sharing.

Outreach: Systematic identification of at-risk adolescents as potential clients. Activities may include public awareness campaigns, community education and mobilization, provision of incentives, transportation, and co-location of services.

Protocols: An agency document which describes the process by which a client enters the AFLP system, receives services, and exits the program. It includes the who, what, when, and where of case management services.

Service Network: A meeting of agencies, programs, and individuals providing services to adolescents during pregnancy and parenthood. The provider may act as the facilitator, leader, or



coordinator. The provider may participate in a network led by someone else, in which a portion of the meeting must address issues related to AFLP clients. (A representative of the provider must participate in a meeting at least quarterly.)

Waiting List: An organized log of referred and eligible clients awaiting placement in AFLP case management services. The log identifies those clients most at risk and in need of services.

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## ADDENDUM

The following provisions are added (California Department of Health Services, Maternal and Child Health, Adolescent Family Life Program Standards) for the purposes of collaboration at the State and local level in the implementation of CAL-LEARN. (Senate Bill 35, Chapter 69, Statutes of 1993, and SB 1078, Chapter 1252, Statutes of 1993.)

### STANDARD I

Standard I is written to assure that the Adolescent Family Life Program (AFLP) agency is administratively and fiscally sound, and capable of providing the AFLP program.

#### FOR PURPOSES OF CAL-LEARN:

County Health and Social Services agencies are hereby deemed de facto to have met the structure and process criteria of Standard I.

Outcome criteria are to be met by all agencies delivering AFLP services except semiannual MCH Report criterion. Progress report requirements will be specified by DSS.

IF AFLP services are provided by an agency other than county Departments of Social Services (DSS)/Health Services (DHS), the agency must meet all the provisions of Standard I.

In the contract for Cal-Learn AFLP-between county DSS and other entities, language in this Standard referring to Maternal and Child Health/AFLP shall be interpreted to mean "county DSS".

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### STANDARD II

Standard II is written to assure a coordinated service delivery network for pregnant and parenting teens and their children.

#### FOR PURPOSES OF CAL-LEARN:

Standard II is met by meeting and adhering to Regulation 42-767.1.11 NETWORKING and Regulation 42-767 1.12 CASE MANAGEMENT PROVISION.

### STANDARD III

Standard III is written to assure that maximum reasonable efforts are made to bring eligible clients into the AFLP case management system.

#### FOR PURPOSES OF CAL-LEARN:

Outreach and Case Findings are defined as those activities, performed by case managers to assist their clients to fully participate in the components of the Cal-Learn Program. Reasonable effort as specified in 42.766.7 will be made to secure face-to-face meetings with eligible teens to bring clients into the system, in maintaining contact with deferred clients, and in contacting teens who are in danger of not making adequate progress.

### STANDARD IV

Standard IV is written to assure that each AFLP provider has a structured interactive process which engages the client fully in the case management process. The case management process works only when the case manager has resources to manage and the client utilizes the resources appropriately. Whether the client enters on a mandatory or voluntary basis, success depends on how well the client and case manager cooperate.

#### FOR PURPOSES OF CAL-LEARN:

Regulations regarding notification and orientation meet all the structure criteria except the release of information criterion, which is basic to the case management referral process and the capacity to respond to emergency needs criterion. These two criteria must be met by all agencies. Consent to participate is not required of mandatory clients.

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### STANDARD V

Standard V was written to assure a comprehensive baseline assessment for the development of an individual service plan (ISP).

#### FOR PURPOSES OF CAL-LEARN:

Standard V is met through the submission of protocols which meet the structure, process, and outcome criteria of this Standard.

#### STANDARD VI

Standard VI was written to assure that by means of an interactive process between client and case manager, an achievable realistic approach is developed to meet the needs of clients as identified in the initial assessment. Assessments must be updated to meet changing circumstances and the plan reviewed with the client on a regular (quarterly) basis.

#### FOR PURPOSES OF CAL-LEARN:

Standard VI is met by submission of protocols which meet the structure, process, and outcome criteria of this Standard.

#### STANDARD VII

Standard VII is written to assure that each AFLP provider has a system of services which will meet the needs of clients.

#### FOR PURPOSES OF CAL-LEARN:

Standard VII is met by submission of protocols which meet the structure, process, and outcome criteria of this Standard except for the criterion regarding exiting clients.

A procedure for exiting clients is met by meeting DSS monthly reporting requirements and submission of a protocol describing how clients are exited for various reasons (moved, finished high school, off AFDC, no longer pregnant, etc.).

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#### STANDARD VIII

Standard VIII is written to provide for monitoring and evaluation of client progress toward achieving goals and objectives in the ISP.

#### FOR PURPOSES OF CAL-LEARN:

Standard VIII is met by submission of protocols which meet the structure, process, and outcome criteria of this Standard.